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PREPARED BY: Sandy Sostad
DATE PREPARED: February 01, 2012
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LB 894

Revision: 00

FISCAL NOTE

LEGISLATIVE FISCAL ANALYST ESTIMATE

ESTIMATE OF FISCAL IMPACT – STATE AGENCIES *				
	FY 2012-13		FY 2013-14	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS				
CASH FUNDS		\$900		\$900
FEDERAL FUNDS				
TOTAL FUNDS		\$900		\$900

*Does not include any impact on political subdivisions. See narrative for political subdivision estimates.

LB 894 provides for a surviving spouse to continue to apply for and be issued Pearl Harbor, Ex-Prisoner of War, Disabled American Veteran, or Purple Heart license plates upon payment of the appropriate fee.

Applicants for the specialty license plates enumerated in the bill pay an annual fee of \$5 for the plates. The fee is deposited in the Nebraska Veteran Cemetery System Operation Fund (NVCSO). If surviving spouses are allowed to retain the specialty license plates, then revenue for the NVCSO from the specialty license plates will not decrease upon the death of the individual who is eligible for the plate. In 2010, there were 1,845 license plates issued in these categories. It is estimated there may be less than \$900 increase in annual revenue for the NVCSO Fund pursuant to the retention of plates by surviving spouses.

DEPARTMENT OF ADMINISTRATIVE SERVICES

REVIEWED BY	David Spatz	1/31/12	PHONE 471-4179
COMMENTS			
DEPT. OF MOTOR VEHICLES – No basis to dispute agency analysis.			

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LB 894 FISCAL NOTE

NEBRASKA DEPARTMENT OF MOTOR VEHICLES

LEGISLATIVE FISCAL

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ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION

	FY 2012-2013		FY 2013-2014	
	EXPENDITURES	REVENUE	EXPENDITURES	REVENUE
GENERAL FUNDS	_____	_____	_____	_____
CASH FUNDS	_____	_____	_____	_____
FEDERAL FUNDS	_____	_____	_____	_____
OTHER FUNDS	_____	_____	_____	_____
TOTAL FUNDS	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Explanation of Estimate:

No fiscal impact.

POSITION TITLE	NUMBER OF POSITIONS		FY 2012-2013	FY 2013-2014
	12-13	13-14	EXPENDITURES	EXPENDITURES
IT Applications Developer			_____	_____
Benefits			_____	_____
Operating			_____	_____
Travel			_____	_____
Capital Outlay			_____	_____
Aid			_____	_____
Capital Improvements			_____	_____
Total			<u>\$ -</u>	<u>\$ -</u>